



ORU
ADVANTAGE
APPLICATION FORM

Year and semester you wish to begin the Advantage program: 20 _____ Fall Spring

Name: _____ Preferred Name: _____
Last First Middle

Student Mailing Address: _____
Street Address

_____ City State Zip

Gender: Female Male Birth Date: ____/____/____ Expected Graduation Date: ____/____/____

Parent Phone: _____ Cell Home Parent Email: _____

Student Phone: _____ Cell Home Student Email: _____

Country of Citizenship: _____ Country of Birth: _____

If not a U.S. citizen, check type of visa: Student Permanent Resident Visitor Dependent

Is English your primary language? Yes No If no, what is? _____

Name of parent(s) or guardian(s) with which you reside and relation to guardian(s) if applicable:

_____ Name(s)/Relation

Parent(s) or Guardian(s) Mailing Address: _____
Street Address

_____ City State Zip

Name of High School: _____ Phone: _____

High School Address: _____
Street Address

_____ City State Zip

I affirm that ORU has permission to discuss my academic progress with representatives from my school and send my ORU transcript(s) to my school.

Student Signature: _____ Parent Signature: _____

SCHOOL'S APPROVAL TO ENROLL:

Counselor Name: _____ Principal Name: _____

Counselor Signature: _____ Principal Signature: _____